No. 2
—1/47
5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

41359

State File No.

FILED JAN 7 1948

Registration District No. 120

Primary Registration District No. 5444

Registrar's No. 107

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Rural Athens Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry 38

(c) City or town Huggins Township 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Kariker

3. (b) If veteran, name war

3. (c) Social Security No. 500-07-4377

4. Sex Male

5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Roxie Giles

6. (c) Age of husband or wife if alive 53 1897

7. Birth date of deceased March (Month) 18 (Day) 1898 (Year)

8. AGE: Years 50 Months 8 Days 25 If less than one day hr. min.

9. Birthplace Gentry Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William Kariker
13. Birthplace Cameron (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Lillian Tubb
15. Birthplace Unk (City, town, or county) Unk (State or foreign country)

16. (a) Informant Mrs James Kariker
(b) Address Albany Mo R.F.O.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Fall

18. (a) Signature of funeral director Clifford Brush
(b) Address Albany Mo

19. (a) Dec 27-1947 (Date received local registrar) (b) Homer W Webster (Registrar's signature) 103

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14
year 1947 hour 7 minute P M.

21. I hereby certify that I attended the deceased from Dec 14, 1947, to Dec 14, 1947
that I last saw h alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Accidental death in Car Accident.

Due to Fracture skull
Fracture leg and
Due to arm.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 38

(b) Date of occurrence Dec 14 — 1947

(c) Where did injury occur? Albany (City or town) Gentry (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway No 4
(Specify type of place)

While at work? no (e) Means of injury Occur of Gentry Co

23. Signature Charles N. Williamson DO (M. D. or other)

Address Gentry Mo Date signed 12-15-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Fixed object

JAN 8 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

..... Registered Apprentice No.....,

working under my personal supervision.

Signed. Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.